PART III– REQUIRED PROGRAM INFORMATION- DISTRICT/ORGANIZATION

A. GENERAL INFORMATION

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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Applicant** |  | | | **21st CCLC Program Coordinator:** | |  | | | |
| **Email Address:** |  | | | | | **Phone:** | |  | |
| **In the chart below, please list the names of all the sites for which you are applying for funding through Fund Code 245.** | | | | | | | | | |
| **21st CCLC Out-of-School Time Site** | | **Total # of unduplicated students on IEPs served in FY19** | **Total # of unduplicated students on IEPs to be served by these funds in FY20** | | **Start Date** | | **End date** | | **Total # weeks of enhanced programs** |
|  | |  |  | |  | |  | |  |
|  | |  |  | |  | |  | |  |
|  | |  |  | |  | |  | |  |
| **Total Funds Requested** | | | | | | | | | **$** |
| **Total Value of Match  (Must be at least 25%)** | | | | | | | | | **$** |

**Please note: If the applying for multiple sites provide details that are particular to each site included in the application.**

**B. PLANNING AND IMPLEMENTATION (7 pages maximum)**

1. **Describe how these funds will be used to enhance the current 21st CCLC program in order to increase and/or better serve students on Individualized Education Programs (IEP). Include the following in your response**

* Describe the particular disabilities of the students to be served, their area(s) of greatest need, how that need was determined (e.g., information in students’ IEPs) and how the services will be coordinated with the needs identified in their IEP.
* Describe why current programming is not able to meet the needs of students on an IEP.
* If applicable, describe lessons learned in implementing the Fund Code 245/244 grant and how those lessons have been applied to this application.

1. **Describe the composition of the planning team and the resources and/or expertise they brought to the development of this grant application. The planning team should include a special educator.**
2. **Describe the resources that will be coordinated with this grant. In particular, highlight the specific resources that will contribute to the required 25% match.**
3. **Describe how current activities and/or proposed new activities will be designed and enhanced to ensure deeper learning opportunities for students on IEPs. Include the following:**

* Provide specific examples of either the types of activities to be offered or ways in which students will be fully included and engaged in current activities.
* Describe how the enhancements will contribute to increased achievement, healthy development, and increased socialization for students with disabilities.
* Describe how the activities/supports provided will connect to the skills students are working on during the school day as part of their IEP.
* Provide the student-to-staff ratios.
* Provide evidence to support any previous success with inclusion efforts.

1. **Describe the process that will be used to maintain ongoing communication and collaboration with the IEP Team Chair and/or classroom teacher(s) regarding students with IEPs served by the program.**
2. **If additional services will be provided by an outside agency, describe their experience working with the selected population and the process for assuring that staff has appropriate experience, support, and supervision. Additionally, describe the added enhancements they will provide.**
3. **Please complete the chart below.**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Site** | **# Certified Special Ed, Teachers on staff** | **# Certified Special Ed, Teacher to be hired with these funds** | **# Paras with Special Ed, Exp. on staff** | **# Paras with Special Ed exp. to be hired with these funds** | **Other Related Fields current or to be hired**  **(please describe** |
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| **If additional paraprofessionals will be hired, please use the space below to describe the process for providing the required supervision. (If not applicable indicate NA.)** | | | | | |
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1. **If the proposal includes professional development, technical assistance, and/or consultation, provide the names of the individuals and/or organizations that will provide the service(s), their background and experience, the specific topics and/or services to be provided and timeframe for implementation. (If not applicable indicate NA.)**
2. **If an IEP calls for assessment modifications or accommodations, describe what, if any, accommodations may be needed in the administration of the SAYO (Teacher, Staff and/or Youth versions). Please also describe efforts that may be used in addition to the SAYO to evaluate the impact of these additional resources and enhancements on students served by these funds.**
3. **If students to be served currently utilize, or the applicant is proposing to purchase, materials and/or equipment, including augmentative and alternative communication aids or devices or other assistive technology, provide the follow: (If not applicable indicate NA.)**

* If applicable, describe the rationale/need for purchasing the particular materials and/or equipment.
* If applicable, describe the training that will be provided to ensure that staff has the necessary knowledge to appropriately use the items.